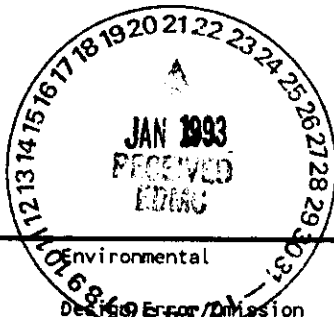


ENGINEERING CHANGE NOTICE

Page 1 of 21. ECN **166788**Proj.
ECN

2. ECN Category (mark one) Supplemental <input checked="" type="checkbox"/> Direct Revision <input type="checkbox"/> Change ECN <input type="checkbox"/> Temporary <input type="checkbox"/> Standby <input type="checkbox"/> Supersedure <input type="checkbox"/> Cancel/Void <input type="checkbox"/>		3. Originator's Name, Organization, MSIN, and Telephone No. J.M. Frain		4. Date 12/10/92	
		5. Project Title/No./Work Order No. White Bluffs Pickling Acid Crib ERA		6. Bldg./Sys./Fac. No. NA	
		8. Document Numbers Changed by this ECN (includes sheet no. and rev.) WHC-SD-EN-AP-113, Rev. 0		9. Related ECN No(s). NA	
				10. Related PO No. NA	
11a. Modification Work <input type="checkbox"/> Yes (fill out Blk. 11b) <input checked="" type="checkbox"/> No (NA Blks. 11b, 11c, 11d)		11b. Work Package No. NA		11c. Modification Work Complete NA	
		Cog. Engineer Signature & Date		11d. Restored to Original Condition (Temp. or Standby ECN only) NA	
		Cog. Engineer Signature & Date			
12. Description of Change Page A1-7, Revision to second paragraph. At sample sites A and B the crib will be excavated across the entire extent of both cribs. At the point the piping structures are excavated, samples from the soil beneath these pipes shall be collected from three locations corresponding to the approximate locations of the three sets of risers observed at each crib. <u>Additional samples shall be collected at a depth of five feet below these samples in the east trench. A sample from 5 feet below the center riser will be taken in the west trench. At site E, samples will be collected below the center riser only and at a depth of five feet below that point.</u>					
<div style="text-align: center;">  </div>					
13a. Justification (mark one)					
Criteria Change <input type="checkbox"/>		Design Improvement <input type="checkbox"/>		Environmental <input type="checkbox"/>	
As-Found <input checked="" type="checkbox"/>		Facilitate Const. <input type="checkbox"/>		Const. Error/Omission <input type="checkbox"/>	
13b. Justification Details The west crib was twice as deep as expected, and was constructed of cobbles to depth. Sampling to a depth five feet below the crib on the outside risers would not be cost effective or efficacious since the sample would occur outside the side walls of the crib. Deep samples taken from the center of the crib will be sufficient to indicate areas with the highest degree of potential contamination.					
14. Distribution (include name, MSIN, and no. of copies)					
J.M. Frain, H6-04, 1			Central Files, L8-04, 2		
G.C. Henckel, H6-04, 1			EDMC, H4-22, 2		
R.L. Hand, H4-16, 1			R.C. Roos, H6-04, 1		
R.M. Mitchell, H6-04, 1					
RELEASE STAMP					
OFFICIAL RELEASE (11) BY WHC					
DATE JAN 06 1993 <i>Station #12</i>					

ENGINEERING CHANGE NOTICE

Page 2 of 2

1. ECN (use no. from pg. 1)

166784

15. Design
Verification
Required
☐ Yes
☒ No

16. Cost Impact

ENGINEERING

 Additional ☐ \$
 Savings ☐ \$

CONSTRUCTION

 Additional ☐ \$
 Savings ☐ \$

17. Schedule Impact (days)

 Improvement ☒
 Delay ☐

18. Change Impact Review: Indicate the related documents (other than the engineering documents identified on Side 1) that will be affected by the change described in Block 12. Enter the affected document number in Block 19.

SDD/DD	<input type="checkbox"/>	Seismic/Stress Analysis	<input type="checkbox"/>	Tank Calibration Manual	<input type="checkbox"/>
Functional Design Criteria	<input type="checkbox"/>	Stress/Design Report	<input type="checkbox"/>	Health Physics Procedure	<input type="checkbox"/>
Operating Specification	<input type="checkbox"/>	Interface Control Drawing	<input type="checkbox"/>	Spares Multiple Unit Listing	<input type="checkbox"/>
Criticality Specification	<input type="checkbox"/>	Calibration Procedure	<input type="checkbox"/>	Test Procedures/Specification	<input type="checkbox"/>
Conceptual Design Report	<input type="checkbox"/>	Installation Procedure	<input type="checkbox"/>	Component Index	<input type="checkbox"/>
Equipment Spec.	<input type="checkbox"/>	Maintenance Procedure	<input type="checkbox"/>	ASME Coded Item	<input type="checkbox"/>
Const. Spec.	<input type="checkbox"/>	Engineering Procedure	<input type="checkbox"/>	Human Factor Consideration	<input type="checkbox"/>
Procurement Spec.	<input type="checkbox"/>	Operating Instruction	<input type="checkbox"/>	Computer Software	<input type="checkbox"/>
Vendor Information	<input type="checkbox"/>	Operating Procedure	<input type="checkbox"/>	Electric Circuit Schedule	<input type="checkbox"/>
OM Manual	<input type="checkbox"/>	Operational Safety Requirement	<input type="checkbox"/>	ICRS Procedure	<input type="checkbox"/>
FSAR/SAR	<input type="checkbox"/>	IEFD Drawing	<input type="checkbox"/>	Process Control Manual/Plan	<input type="checkbox"/>
Safety Equipment List	<input type="checkbox"/>	Cell Arrangement Drawing	<input type="checkbox"/>	Process Flow Chart	<input type="checkbox"/>
Radiation Work Permit	<input type="checkbox"/>	Essential Material Specification	<input type="checkbox"/>	Purchase Requisition	<input type="checkbox"/>
Environmental Impact Statement	<input type="checkbox"/>	Fac. Proc. Samp. Schedule	<input type="checkbox"/>		<input type="checkbox"/>
Environmental Report	<input type="checkbox"/>	Inspection Plan	<input type="checkbox"/>		<input type="checkbox"/>
Environmental Permit	<input type="checkbox"/>	Inventory Adjustment Request	<input type="checkbox"/>		<input type="checkbox"/>

19. Other Affected Documents: (NOTE: Documents listed below will not be revised by this ECN.) Signatures below indicate that the signing organization has been notified of other affected documents listed below.

Document Number/Revision

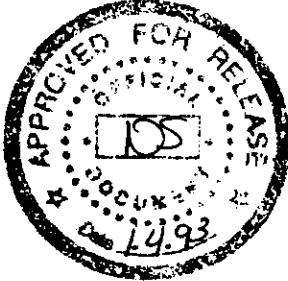
Document Number/Revision

Document Number Revision

NA

20. Approvals

Signature	Date	Signature	Date
OPERATIONS AND ENGINEERING		ARCHITECT-ENGINEER	
Cog Engineer J.M. Frain	12-10-92	PE	
Cog. Mgr. G.C. Henckel	12-10-92	QA	
QA R.L. Hand	12/21/92	Safety	
Safety		Design	
Security		Environ.	
Environ.		Other	
Projects/Programs			
Tank Waste Remediation System			
Facilities Operations		DEPARTMENT OF ENERGY	
Restoration & Remediation		Signature or Letter No.	
Operations & Support Services			
IRM		ADDITIONAL	
Other			

Date Received: 12/10/92		INFORMATION RELEASE REQUEST		Reference: WHC-CM-3-4	
<div style="display: flex; justify-content: space-between;"> 1-4-9815 Complete for all Types of Release </div>					
Purpose			ID Number (include revision, volume, etc.)		
<input type="checkbox"/> Speech or Presentation <input type="checkbox"/> Full Paper (Check only one suffix) <input type="checkbox"/> Summary <input type="checkbox"/> Abstract <input type="checkbox"/> Visual Aid <input type="checkbox"/> Speakers Bureau <input type="checkbox"/> Poster Session <input type="checkbox"/> Videotape			<input type="checkbox"/> Reference <input type="checkbox"/> Technical Report <input type="checkbox"/> Thesis or Dissertation <input type="checkbox"/> Manual <input type="checkbox"/> Brochure/Flier <input type="checkbox"/> Software/Database <input type="checkbox"/> Controlled Document <input checked="" type="checkbox"/> Other		
			ECN 166788		
			List attachments.		
			SP-EN-AP-113		
			Date Release Required		
			12/15/92		
Title <i>White Bluffs Pickling Acid Crib ERA</i>				Unclassified Category UC-	
Impact Level 3Q					
New or novel (patentable) subject matter? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", has disclosure been submitted by WHC or other company?			Information received from others in confidence, such as proprietary data, trade secrets, and/or inventions?		
<input type="checkbox"/> No <input type="checkbox"/> Yes Disclosure No(s).			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Identify)		
Copyrights? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", has written permission been granted?			Trademarks?		
<input type="checkbox"/> No <input type="checkbox"/> Yes (Attach Permission)			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Identify)		
Complete for Speech or Presentation					
Title of Conference or Meeting <i>N/A</i>			Group or Society Sponsoring		
Date(s) of Conference or Meeting		City/State	Will proceedings be published? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Will material be handed out? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Title of Journal					
CHECKLIST FOR SIGNATORIES					
Review Required per WHC-CM-3-4		Yes	No	Reviewer - Signature Indicates Approval	
				Name (printed)	Date
Classification/Unclassified Controlled Nuclear Information		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Patent - General Counsel		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>S. BERGLIN } Fair Stone Jar 12/29/92</i>	
Legal - General Counsel		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>S. BERGLIN } per Telecom 12/29/92 12/29/92</i>	
Applied Technology/Export Controlled Information or International Program		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
WHC Program/Project		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Communications		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
RL Program/Project		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Publication Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>L. Hermann L. Hermann 1/4/93</i>	
Other Program/Project		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Information conforms to all applicable requirements. The above information is certified to be correct.					
References Available to Intended Audience <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Transmit to DOE-HQ/Office of Scientific and Technical Information <input type="checkbox"/> Yes <input type="checkbox"/> No Author/Requestor (Printed/Signature) <i>JMFRAIN / JMFRAIN</i> Date			INFORMATION RELEASE ADMINISTRATION APPROVAL STAMP Stamp is required before release. Release is contingent upon resolution of mandatory comments. <div style="text-align: center;">  </div>		
Intended Audience <input type="checkbox"/> Internal <input type="checkbox"/> Sponsor <input checked="" type="checkbox"/> External Responsible Manager (Printed/Signature) <i>G.C. HENCKELS III / GCH</i> Date <i>12-10-92</i>					
			Date Cancelled		
			Date Disapproved		

[illegible]